

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B2)

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 weeks
 Hospital, institution, or street address where death occurred: ✓

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Penna. County _____
 City or town Huntingdon Valley
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION) ✓
 2. (a) If veteran, name war _____

3. (a) FULL NAME

Margaret Andrus

3. (b) Social Security Number

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Russell6. (c) If alive, give age 52 years7. Birth date of deceased (mo., day, yr.) July 3, 1883

8. AGE: Years 63 Months 9 Days 26 If less than one day _____ hrs. _____ min.

9. Birthplace Phila. Penna. (Town, county, and state)10. Usual occupation Housewife11. Industry or business Palmer12. Name No Record13. Birthplace Mary Massey14. Maiden name Phila.15. Birthplace Mrs. Russell Andrus16. Informant Mansfield, Penna.17. Burial May 3, 1947 (Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory Old FellowshipLocation Camden, Del.18. Funeral director R. B. RawlingsAddress Greensboro, Md.19. May 2, 47 (Date rec'd by registrar) L. M. Pippin Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 29, 1947 at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 28, 1947 to April 29, 1947
 and that I last saw him alive on April 29, 1947

Immediate cause of death Acute myocarditisDue to Arteriosclerotic DiseaseDue to _____Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____Where did injury occur? _____ (City or town) _____ (County) _____ (State)Injured at home, farm, industry, public place (where?) _____Means of injury _____ Injured at work? _____23. SIGNATURE H. H. M. Pippin M. D. or other _____Address Greensboro, Md. Date signed 5-2-47

MARGIN RESERVED FOR BINDING

VS A15 9.41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 6 1947
AU V B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-2

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline
City or town Brownsville, Del.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Near Denton, Md.
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Delaware County Kent
City or town Brownsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Daniel Bard Benson

3. (b) Social Security Number

4. Sex M 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widower

8. (b) Name of husband or wife

B. (c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) 1877

8. AGE: Years 75 Months Days If less than one day hrs. min.

9. Birthplace Brownsville, Delaware
(Town, county, and state)

10. Usual occupation Day labor

11. Industry or business

12. Name Freeman and Benson

13. Birthplace Del.

14. Maiden name Jane Harris

15. Birthplace Del.

16. Informant Beatrice Young

Address Denton, Del.

17. Burial Date thereof 4-12-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Spring Grove Cemetery

Location Denton, Del.

18. Funeral director Virgil Mumford

Address Denton, Md.

19. 4/11 1947 W. B. O. Gussie
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8 1947 at 9:45 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 1945 to Apr 8 1947

and that I last saw him alive on Apr 8 1947

Immediate cause of death Cerebral Hemorrhage DURATION 4 1/2 years

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. B. O. Gussie M. D. or other

Address Denton, Md. Date signed 4/11/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 15 1947
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 132

CERTIFICATE OF DEATH

Reg. Dist. No. 63

00837

1. PLACE OF DEATH:

County CarolineCity or town Preston
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 20 yr

Hospital, institution, or street address where death occurred:

How long in hospital or institution? 108

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Preston
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name War _____

3. (a) FULL NAME

Ella Pinkney Bole's Bole's

3. (b) Social Security Number

218-20-2996

4. Sex

F.

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

William Bole's

7. Birth date of deceased (mo., day, yr.)

1896

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

51

_____.hrs. _____.min.

9. Birthplace

Maryland
(Town, county, and state)

10. Usual occupation

Domestic

11. Industry or business

FATHER

12. Name

Unknown

13. Birthplace

MOTHER

14. Maiden name

Unknown

15. Birthplace

16. Informant

Address

James George
Preston Md.

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof April 8, 1947
(month) (day) (year)

Cemetery or crematory

Location

Johns Cemetery
Near Preston, Maryland

18. Funeral director

Address

Leon W. Henry
Preston Md.

19.

April 5
(Date rec'd by registrar)19 47Cornelia D. Plummer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 19 47 at 6 1/2 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 31 19 47 to April 5 19 47and that I last saw him or her alive on March 31 19 47Immediate cause of death Labor pneumonia

DURATION

3 daysDue to Cat. Grippe

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Lucy B. Plummer

M. D. or other

Address Preston, Maryland Date signed 4/5/47

RECEIVED

APR 8 1947

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

00838

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Seaford, Delaware - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
Near Federalburg at Bethel
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Seaford, Delaware - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Federalburg at Bethel
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Charles E. Cannon

3. (b) Social Security Number

None

4. Sex Male 5. Color or race Colored 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife Rosie Cannon
 6.(c) If alive, give age - years
 7. Birth date of deceased (mo., day, yr.) February 1, 1885
 8. AGE: Years 62 Months 2 Days 4 If less than one day - hrs. - min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)
 10. Usual occupation Retired Farmer
 11. Industry or business Farm

FATHER 12. Name Stephen Cannon
 13. Birthplace Caroline County, Maryland
 MOTHER 14. Maiden name Betsy Matthews
 15. Birthplace Caroline County, Maryland

16. Informant Catherine Cannon
 Address Seaford, Delaware, R.F.D.

17. Burial Date thereof April 8, 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Bethel Cemetery
 Location Near Federalburg, Maryland

18. Funeral director J. J. Frampton and Son
 Address Federalburg, Maryland

19. April 8 1947 S. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 5 1947, at 9:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26, 1947 to April 4, 1947
 and that I last saw him alive on April 4, 1947

Immediate cause of death Cerebral Hemorrhage 2/1/47
 DURATION

Due to

Due to Hypertension ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE HL Small, M.D. M. D. or otherAddress Seaton, Md. Date signed 4-8-47

RECEIVED

APR 12 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83a

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline
 City or town Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 years
 Hospital, institution, or street address where death occurred:
Harmony
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Preston - Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Harmony
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Anna E. Cook

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Divorced

6. (b) Name of husband or wife

Thomas Cook

7. Birth date of deceased (mo., day, yr.)

July 9, 1877

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

6997

hrs.

min.

9. Birthplace

Talbot County, Maryland
(Town, county, and state)

10. Usual occupation

Unemployed

11. Industry or business

FATHER

12. Name

Martin W. Ozmom

13. Birthplace

Talbot County, Maryland

MOTHER

14. Maiden name

Julia Ann Flecker

15. Birthplace

Talbot County, Maryland

16. Informant

George J. Cook

Address

Bethlehem, Maryland

17.

Burial
(Burial, cremation, or removal. Which?)Date thereof April 21, 1947
(month) (day) (year)

Cemetery or crematory

Spring Hill Cemetery

Location

Easton, Maryland

18. Funeral director

J. J. Thompson and Son

Address

Federalburg, Maryland

19.

April 21
(Date rec'd by registrar)19 47C. H. Plummer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 19 47 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 219 47to April 16 19 47and that I last saw him alive on April 16 19 47

Immediate cause of death

Cerebral Hemorrhage

DURATION

4/16/47Due to Arterio-sclerosisUnknown

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Metzger

M.D.

M. D. or other

Address

Bridgeton, Md.Date signed 4/21/47

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APR 23 1947

BUREAU 16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County CarolineCity or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

River Road

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Federalburg
(If outside city or town limits, write RURAL and give nearest town)Street No. River Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Daniel Crumble

3. (b) Social Security Number

212-09-5412

4. Sex

Male

5. Color or race

Colored

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Helen Butler Crumble6. (c) If alive, give age 31 years7. Birth date of deceased (mo., day, yr.) December 1, 1907

8. AGE:

39 Years4 Months1 Days

If less than one day

hrs. min.

9. Birthplace Dorchester County, Maryland
(Town, county, and state)10. Usual occupation Day Laborer11. Industry or business Canning Factory12. Name Elwood Crumble13. Birthplace Caroline County, Maryland14. Maiden name Augusta Smith15. Birthplace Dorchester County, Maryland16. Informant Augusta CrumbleAddress Federalburg, Maryland17. Burial Date thereof April 5, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory John's CemeteryLocation Near Preston, Maryland18. Funeral director J. F. Frampton and SonAddress Federalburg, Maryland19. April 2 1947 J. F. Frampton
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 2 1947 at 12:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to 19....., and that I last saw him..... alive on 19.....

Immediate cause of death

DURATION

Due to undetermined - Probably
Infectious -
Due to Natural Causes

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Augusta Crumble M. D. or otherAddress Federalburg, Md. Date signed 4/21/47

MARGIN RESERVED FOR BINDING

VS A15 9.4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 7 1967
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-8

CERTIFICATE OF DEATH

00841

Reg. Dist. No. 62

1. PLACE OF DEATH:

County... CarolineCity or town... Denton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Ind County... CarolineCity or town... Denton
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Harry LeRoy Fisher

4. Sex

M

5. Color or race

Col

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.)

Jan 4, 1947

8. AGE:

Years

Months

Days

If less than one day

3 3

..... hrs. min.

9. Birthplace

Denton Caroline Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER

FATHER

12. Name

William H. Fisher

13. Birthplace

Halls, Ind.

14. Maiden name

Virginia L. Stanford

15. Birthplace

Preston, Ind.

16. Informant

William H. Fisher

Address

Denton, Maryland

17.

(Burial, cremation, or removal. Which?)

Date thereof

Apr. 8, 1947
(month) (day) (year)

Cemetery or crematory

Denton Colored

Location

Denton, Maryland

18. Funeral director

Virgil Monroe Low

Address

Denton, Maryland

19.

(Date received by registrar)

7/8 1947W. O. George
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... Apr. 7, 1947 at 10:00 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw h..... alive on.....19.....

Immediate cause of death

DURATION

Due to

Influenza1 wk

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. George
Deputy Medical Examiner

M. D. or other

Address

DentonDate signed 4/8/47

RECEIVED

APR 15 1947

BURFA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00842

Reg. Dist. No. 640

1. PLACE OF DEATH:

County... Caroline
City or town... Denton, R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 33 yrs.
Hospital, institution, or street address where death occurred: R. F. D.
How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Caroline
City or town... Denton
(If outside city or town limits, write RURAL and give nearest town)
Street No. R. F. D.
(If rural, give LOCATION)
2.(a) If veteran, name war No

3. (a) FULL NAME

Dougal Mac Donald

3. (b) Social Security Number

None

4. Sex male 5. Color or race white 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Elizabeth 6.(c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) Nov. 9, 1885
8. AGE: Years 61 Months 4 Days 22 hrs. min.

9. Birthplace Scotland
(Town, county, and state)
10. Usual occupation Farmer

11. Industry or business

12. Name Donald Mac Donald
13. Birthplace Scotland
14. Maiden name Elizabeth Mac Collum
15. Birthplace Scotland

16. Informant Mr. Dougal Mac Donald
Address Denton, R. F. D.

17. Burial Date thereof Apr 4 1947
(Burial, cremation, or removal Which?) (month) (day) (year)
Cemetery or crematory Denton Cemetery
Location Denton, Md.

18. Funeral director J. Harvey Williamson
Address Federalville Maryland

19. 4/11 47 MD D. George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 1 19 47 at 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19

and that I last saw him alive on 19

Immediate cause of death Myocardial Infarction DURATION 1 hr

Due to Status Asthmaticus 24 hr
(Cal - Embolism)

Due to undetermined

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George S. White MD M. D. or other

Address Ridgely Md Date signed 4/11/47

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 3 1947
BUREAU OF

1-35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1612

CERTIFICATE OF DEATH

00843

Reg. Dist. No. 61

1. PLACE OF DEATH: *Caroline*
 County *Greensboro*
 City or town *Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? *2 da.*
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State *Maryland* County *Caroline*
 City or town *Greensboro - Rural*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Marvin Ray Mulholland

3. (b) Social Security Number

4. Sex *Male* 5. Color or race *White* 6.(a) Single, married, widowed, or divorced *Infant*
 6.(b) Name of husband or wife *Infant*
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) *April 15, 1947*
 8. AGE: Years _____ Months _____ Days *2* If less than one day _____ hrs. _____ min.

9. Birthplace *Goldstoro, Md.*
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name *Edward Earl Mulholland*
13. Birthplace *Harrington Del.*14. Maiden name *Margaret Elsie Schuyler*
15. Birthplace *Harmony, Md.*16. Informant *Edward E. Mulholland*
Address *Greensboro, Md. - Rural*17. Burial *Buried* Date of burial *April 18, 1947*
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematorium *Greensboro Md.*
Location *Greensboro Md.*18. Funeral director *P. B. Rawlings*
Address *Greensboro Md.*19. *Apr 18* 19 *47* *L. M. Lippin*
(Date) (Signed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH *April 17* 19 *47* at *5:05 P.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *April 15* 19 *47* to *April 17* 19 *47*
and that I last saw him/her alive on *April 17* 19 *47*Immediate cause of death *Asphyxia Neonatorum* DURATION *2 da.*

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Charles H. S. [Signature]* M. D. or otherAddress *Greensboro Md.* Date signed *4/17/47*

RECEIVED

APR 19 1947

BUREAU 78

ENCLOSURE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH:

County Caroline
 City or town Denton Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 weeks
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Denton Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex F 5. Color or race W. 6. (a) Single, married, widowed, or divorced widow

8. (b) Name of husband or wife Chas. Phippen Deaf

7. Birth date of deceased (mo., day, yr.) Nov 18, 1873
 8. (c) If alive, give age years

8. AGE: Years 73 Months 5 Days 21 If less than one day hrs. min.

9. Birthplace Greensboro, Maryland
(Town, county, and state)10. Usual occupation at home

11. Industry or business

12. Name James Hopkins13. Birthplace Maryland14. Maiden name Mary Hawley15. Birthplace Maryland16. Informant Mr Lillian D. C. SweeneyAddress Denton Md.17. Buried Date thereof 4-11-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Greensboro CemeteryLocation Greensboro Md.18. Funeral director J. Regil Mason & SonAddress Denton Md.19. 4/10 19 47 Mr. D. D. Jones
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 8, 1947 at 10 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 3, 1947 to April 8, 1947
 and that I last saw him alive on April 8, 1947

Immediate cause of death

DURATION

Coronary occlusion 20 min
Sclerosis of coronary 2 yrs
Arterio
Hyper tension 2 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE Samson D. Jones
M. D. or otherAddress Denton Date signed 4/10/47

MARGIN RESERVED FOR BINDING

VS A15

9-45-13M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

00844

RECEIVED

APR 15 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 466

CERTIFICATE OF DEATH

Reg. Dist. No. 62

00846

1. PLACE OF DEATH: *Caroline*
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
Fluence Sedgwick

3. (b) Social Security Number

4. Sex.....
 5. Color or race.....
 6. (a) Single, married, widowed, or divorced.....
 6. (b) Name of husband or wife.....
 6. (c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.).....

8. AGE: Years..... Months..... Days..... If less than one day..... hrs..... min.
54 0 1

9. Birthplace.....
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

17. (Burial, cremation, or removal, which?)..... Date thereof..... (month) (day) (year)
 Cemetery or crematory.....
 Location.....

18. Funeral director.....

Address.....

19. (Date rec'd by registrar)..... 19.....
 Registrar.....

MEDICAL CERTIFICATION

20. DATE OF DEATH..... 19..... at..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 Sept 9, 1946, to April 29, 1947
 and that I last saw him alive on April 29, 1947

Immediate cause of death.....
 Metastatic Adenocarcinoma
 in the liver

Due to.....
 Carcinoma of stomach

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....
 Carcinoma of stomach
 Metastasis to liver

Date of op. 10-1-46

Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE.....
 M. D. or other

Address..... Date signed 4-30-47

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MAY 13 1947

BUREAU 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462

CERTIFICATE OF DEATH

Reg. Dist. No. 06245

1. PLACE OF DEATH:

County Caroline
 City or town Preston, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 71 years
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Preston, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

C?Harvey Towers

3. (b) Social Security Number

✓

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Ethel
 6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 14. 1876

8. AGE: Years 71 Months _____ Days 17 If less than one day _____ hrs. _____ min.

9. Birthplace Preston, Caroline, Md.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business _____

FATHER 12. Name Madison Towers

13. Birthplace Md.

MOTHER 14. Maiden name Mollie Todd

15. Birthplace Md.

16. Informant E. Towers

Address Preston, Md.

17. Burial Date thereof April 9. 1947
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton.

Location Denton, Md.

18. Funeral director Raymond, B. Rawlings

Address Greensboro, Md.

19. 4/8 47 Wm. D. George
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 19 47 at 9 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 5 19 47 to April 6 19 47 and that I last saw him alive on April 6 19 47

Immediate cause of death _____ DURATION

Hemorrhage 4 hrs.

Due to Probably Cancer of ?

Stomach

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wm. D. George M. D. or other _____

Address Denton, Md. Date signed 4/8/47

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APR 15 1947

RECEIVED

8

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00847

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH:

County.....Caroline
 City or town.....Greensboro, Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....2 months
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
Maryland County.....Caroline
 State.....Greensboro
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Lawrence Edward Tribbett, J. r.

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

malewhitesingle6. (b) Name of husband or wife.....infant7. Birth date of deceased (mo., day, yr.) Jan. 27, 1947 6. (c) If alive, give age..... years8. AGE: Years Months Days If less than one day
0 2 16hrs.min.9. Birthplace.....Greensboro, Caroline Co., Md.
(Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name.....Lawrence E. Tribbett13. Birthplace.....Greensboro, Maryland14. Maiden name.....Rachel E. Whitby15. Birthplace.....Queen Anne, Md.16. Informant.....Lawrence E. TribbettAddress.....Greensboro, Md. R.D.17. Burial Date thereof.....4/14/47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory.....GreensboroLocation.....Greensboro, Md.18. Funeral director.....R. B. RawlingsAddress.....Greensboro, Md.19. Apr 14 1947 L. M. Pippin
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....April 12, 1947, at 1 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
.....19....., to April 12, 1947

and that I last saw him.....alive on.....19.....

Immediate cause of death.....

DURATION

Asphyxia, accidental

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?.....
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

M. D. or other

Address.....Greensboro, Md. Date signed 4/12/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 19 1947

BUREAU V S

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00848

1. PLACE OF DEATH,

County CarolineRegistration Dist. No. 66Village or City Ridgely Rural

No. _____

St. _____

Ward _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.2. FULL NAME Theresa WetherillIf U. S. Veteran, specify WAR ✓

(a) Residence; No. _____

St. _____

Ward. _____

(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Fr.

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Widowed5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofSamuel

6. DATE OF BIRTH (month, day, end year)

April 14, 1845

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.10208

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Housewife9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month end
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Maryland

FATHER

13. NAME

James Wetherill14. BIRTHPLACE (city or town)
(State or country)Scotland

15. MAIDEN NAME

No Record

MOTHER

16. BIRTHPLACE (city or town)
(State or country)No Record

17. INFORMANT

(Address)

Samuel P. Wetherill
1421 Chestnut St. Philadelphia

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore Md. Date 4/25/47

19. UNDERTAKER

(Address)

P. B. Rawlings
Greensboro, Md.

20. FILED

Apr 22 1947
J. H. Wetherill
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

April
(Month)22
(Day)1947
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

April 61938

to

April 221947I last saw him alive on April 22, 47; death is saidto have occurred on the date stated above, at 9:30 p. m.The PRINCIPAL CAUSE OF DEATH and related causes of Importance
were as follows:Arteriosclerosis Heart Disease

Date of onset

1946

Other Contributory Causes of Importance:

General Arteriosclerosis15 years

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Dr. Paul North
Denton Md

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>APR 26 1947</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN